



**HEALTH INFORMATION TECHNOLOGY EXCHANGE OF CONNECTICUT
LEGAL AND POLICY COMMITTEE MEETING
September 5, 2012 MINUTES
8:30 – 10:00 AM
BUREAU OF ENTERPRISE SYSTEMS TECHNOLOGY**

COMMITTEE MEMBERS PRESENT: John Lynch (phone), Ellen Andrews (phone), Marcia Petrillo, Brenda Kelley (phone)

HITE-CT MEMBERS PRESENT: John DeStefano, Lori Reed-Fourquet , Chris Kraus (phone)

PUBLIC ATTENDEES: Peter Armstrong (HITE-CT Intern), Marie Mormile-Mehler (CMHA -phone), Henrietta Small (CMHA by phone), Jennifer Cox (phone), Sandy Cohen (Wheeler Clinic -phone), Susan Israel (phone)

CALL TO ORDER

J. Lynch called the meeting to order at 8:39 AM.

REVIEW OF MINUTES

The committee members adopted the minutes from July 11, 2012.

Review of Use Cases for Consent

Consent required for Special Patients with HIV, substance abuse or mental health conditions. Henrietta Small indicated that the consent has to include the names of the specific people who will be authorized to receive the information in the organization. A new consent will have to be completed if a new person at the provider is being authorized to receive the information.

Question about Pull of information for Special Patients in Emergency Situations – need to verify whether information needs to be shared with patient and included in the medical record for the patient. John Lynch.

Questions about Business Associate Agreements (BAA)

1. Can a common BAA be set up in the HITE for all providers? J. DeStefano
2. Do the providers need to have the option of identifying specific providers with whom they have a BAA? J. DeStefano
3. Do providers need to negotiate customized BAAs with both HITE-CT and some providers? J. DeStefano
4. Jennifer Cox stated that federal law defines the HITE-CT as a Business Associate. However, there is an open question as to whether a BAA agreement would be required if two providers were only sharing treatment information but there was not an exchange of documents. J. Cox

Processes for Submitting Consents

Our goal is to determine whether HITE-CT could add value for providers and patients by capturing consent data in a central repository at HITE-CT. The four current processes are:

- Electronic form filled out in portal and sent automatically to HITE-CT and EHR.
- Consent captured in Practice Management System and sent automatically to HITE-CT and EHR.
- Patient's consent is captured as an ADT message in EHR and sent to HITE-CT.
- Patient's paper consent is scanned and emailed as an attachment to HITE-CT.

Each of the above four processes will have one path for special cases (45 CFR) and another for non- 45 CFRs.

John DeStefano and Lori Reed-Fourquet will develop a workflow document for the above processes and distribute it to the committee members.

Committee members will review the workflows to determine whether there may be issues with business controls, privacy or security during the process.

John DeStefano recommended that a subcommittee visit providers using the above processes to document the processes in more detail. It is critical that we understand the process before we go to developers to ask them to create a consent form.

The following people attending the meeting offered to help evaluate processes used by their organization after the workflow documents are distributed to them:

- John Lynch will evaluate the consents captured in the Practice Management System at ProHealth.
- Marie Mormile-Mehler will evaluate the way consent forms are processed at CMHA to accommodate the 45 CFR population.
- Brenda Kelley will evaluate the processing of paper consents at smaller providers.
- Ellen Andrews provides expertise in a broad range of complex issues regarding consents.
- John DeStefano has contacted the Engineering department at UCONN so that we can get them involved in developing the consent forms after we have defined the process.

Finally, John Lynch will ask the Board of Directors to allow us to proceed along two parallel development paths:

1. Implement the use of DIRECT to transfer documents between providers to meet the upcoming ONC requirements.
2. Develop a capability to capture consents in the HITE-CT. The current work being done to develop a Provider Directory and an eMPI will facilitate the capture of Consents.

Steps needed to improve clarity and focus in our meetings

- Explain where the current topic fits in the development plan.
 - For example, Brenda Kelley noted it is useful to understand that the work being done to improve the segmentation of patient data will not be available to users for at least a year.
- Check on developments in other states which are further along in their implementation of a HIE.
- Make sure we understand how the regional HIEs and hospitals are addressing legal and policy issues.

PUBLIC COMMENT

There were no public comments.

ADJOURNMENT

The meeting adjourned at 9:55 a.m.